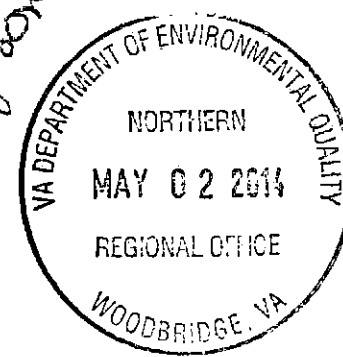


15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
IV. FACILITY CONTACT															
A. NAME & TITLE (last, first, & title)												B. PHONE (area code & no.)			
Kevin O'Brien Development Manager												(434) 979-8900			
15 16												45 46 47 48 49 50 51 52 53 54 55			

*A. Thompson*



April 25, 2014

As of today Rapidan Mill LLC for Clean Rapidan Water Company have mailed/FedEx The following to the following locations

1. Alison Thompson at DEQ Northern Regional Office in Woodbridge
    - a. 2 hard copies of EPA Form 1
    - b. 2 hard copies of EPA Form 2
    - c. VPDES Sewage Sludge Permit Application for Reissuance
    - d. VPDES Permit Application Addendum
    - e. Public Notice Billing Information
    - f. 1 hard copy of Virginia Pollutant Discharge Elimination System General Permit Registration Statement
  2. Emailed scanned copies of all of the above to Alison Thompson each of the above documents
  3. Department of Environmental Quality Office of Water Permits and Compliance Assistance, PO Box 1105 Richmond VA 23218
    - a. 2 hard copies of Virginia Pollutant Discharge Elimination System General Permit Registration Statement for Total N and Total P Discharges and Nutrient Trading
  4. Water Division Permit Application Fee Form and \$600 check made out to Treasure of Virginia to DEQ Receipts Control, PO Box 1104, Richmond VA
- Please advise if anyone needs copies of anything else

Thank you for your time and patience through this process with us. We apologize that this was not completed last year – but it was not brought to our attention until the last few months.

Sally A Dyer

Rapidan Mill LLC  
 809 Bolling Ave, Unit C  
 Charlottesville, VA 22902  
 434.979.8900 (v) 434.979.8901 (f)

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
LABEL ITEMS		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
I. EPA I.D. NUMBER				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
III. FACILITY NAME					
V. FACILITY MAILING ADDRESS					
VI. FACILITY LOCATION					
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of <b>bold-faced terms</b> .					
SPECIFIC QUESTIONS		Mark "X"		SPECIFIC QUESTIONS	
A. Is this facility a <b>publicly owned treatment works</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2A)		YES	NO	FORM ATTACHED	
			X		
C. Is this a facility which currently results in <b>discharges to waters of the U.S.</b> other than those described in A or B above? (FORM 2C)			X		
E. Does or will this facility treat, store, or dispose of <b>hazardous wastes</b> ? (FORM 3)			X		
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		
I. Is this facility a proposed <b>stationary source</b> which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
B. Does or will this facility (either existing or proposed) include a <b>concentrated animal feeding operation</b> or <b>aquatic animal production facility</b> which results in a <b>discharge to waters of the U.S.</b> ? (FORM 2B)			X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a <b>discharge to waters of the U.S.</b> ? (FORM 2D)		X			
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)			X		
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)			X		
J. Is this facility a proposed <b>stationary source</b> which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		
III. NAME OF FACILITY					
1 SKIP Clean Rapidan Water Company					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 Kevin O'Brien Development Manager			(434) 979-8900		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 809 Bolling Avenue Unit C					
B. CITY OR TOWN					
4 Charlottesville					
C. STATE					
VA					
D. ZIP CODE					
22902					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 7026 Rapidan Road					
B. COUNTY NAME					
Orange					
C. CITY OR TOWN					
6 Orange					
D. STATE					
VA					
E. ZIP CODE					
22960					
F. COUNTY CODE (if known)					

VII. SIC CODES (4-digit, in order of priority)

## VIII. OPERATOR INFORMATION

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other," specify.)

F. CITY OR TOWN																																								G. STATE				H. ZIP CODE				IX. INDIAN LAND			
C																																																Is the facility located on Indian lands?			
B		Charlottesville																																						VA				22902				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
15 16																																								40 41				42 43				51			

X. EXISTING ENVIRONMENTAL PERMITS	
-----------------------------------	--

C. RCRA (Hazardous Wastes)												E. OTHER (specify)											
C	T	I										C	T	I									
9	R											9										(specify)	
15	16	17	18									15	16	17	18								

15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100															
XI. MAP																																																																																																				

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers, and other surface water bodies in the map area. See instructions for precise requirements.


XII. NATURE OF BUSINESS (provide a brief description)

Rapadan Mill is a historic mill that has been abandoned and is in disrepair. The facility is going to be rehabilitated to be used for multiple uses in concurrence with the current Orange County zoning. The uses may include any combination of the following:

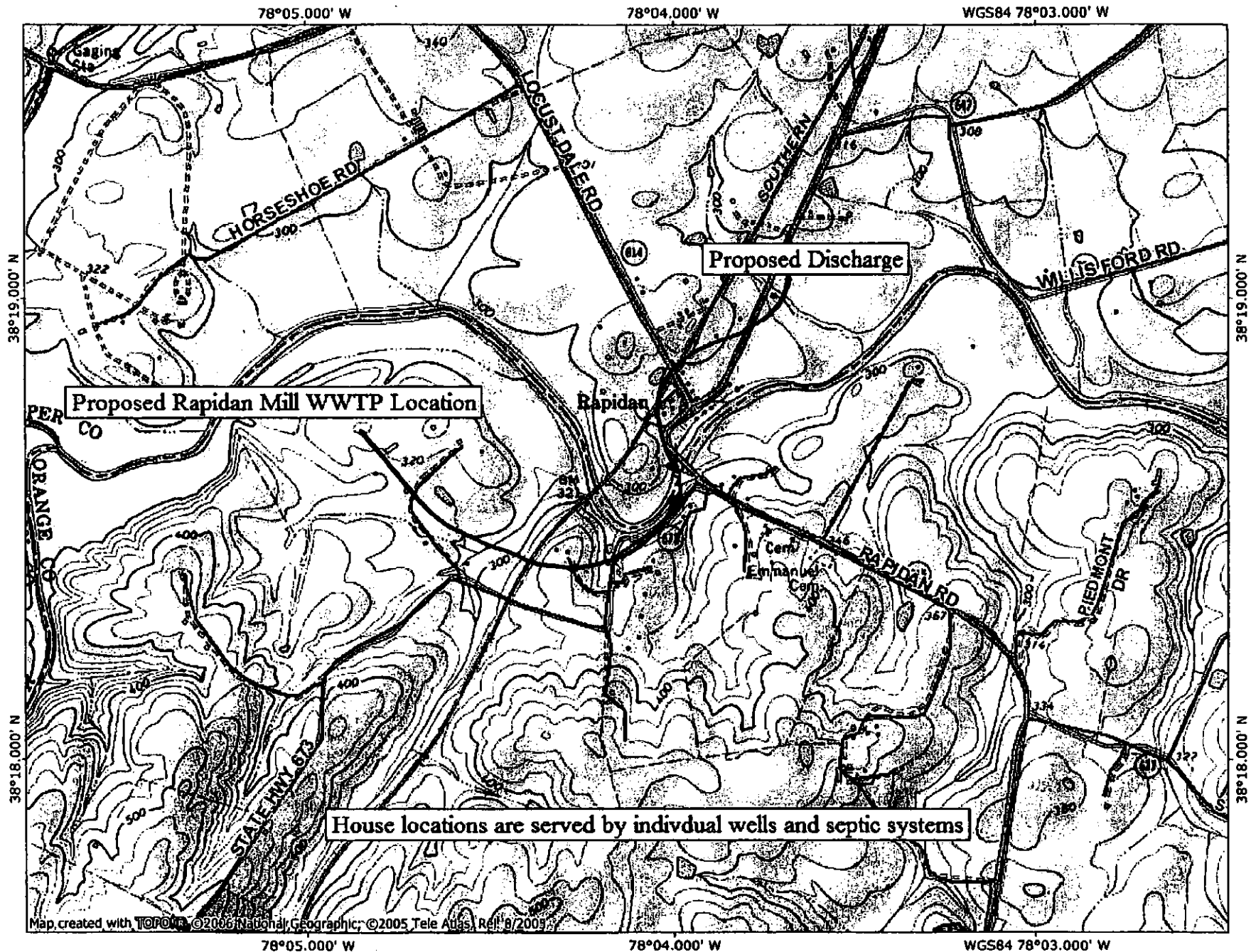
- 1) Automobile sales, repair, storage, or service
- 2) Building material sales, plumbing and electrical sales and service, lumberyard, or equipment and machinery sales and service
- 3) Light manufacturing or processing not involving flammable or explosive materials of those industries not producing chemical wastes. No Significant Industrial Users (SIU) will be allowed.
- 4) Utility, fire or rescue station, or maintenance facility
- 5) Warehouse, wholesale business, or freight terminal

XIII. CERTIFICATION (see instructions)

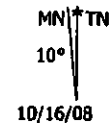
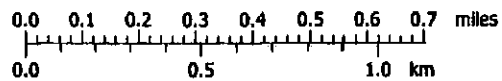
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)  Kevin O'Brien, Development Manager	B. SIGNATURE 	C. DATE SIGNED  4-23-2014
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COMMENTS FOR OFFICIAL USE ONLY	
C	
C	



Map created with TOPO. ©2005 National Geographic, ©2005 Tele Atlas. Rel. 8/2005.



FORM  
**2A**  
NPDES

## NPDES FORM 2A APPLICATION OVERVIEW

### APPLICATION OVERVIEW

Form 2A has been developed in a modular format and consists of a "Basic Application Information" packet and a "Supplemental Application Information" packet. The Basic Application Information packet is divided into two parts. All applicants must complete Parts A and C. Applicants with a design flow greater than or equal to 0.1 mgd must also complete Part B. Some applicants must also complete the Supplemental Application Information packet. The following items explain which parts of Form 2A you must complete.

### BASIC APPLICATION INFORMATION:

- A. **Basic Application Information for all Applicants.** All applicants must complete questions A.1 through A.8. A treatment works that discharges effluent to surface waters of the United States must also answer questions A.9 through A.12.
- B. **Additional Application Information for Applicants with a Design Flow  $\geq$  0.1 mgd.** All treatment works that have design flows greater than or equal to 0.1 million gallons per day must complete questions B.1 through B.6.
- C. **Certification.** All applicants must complete Part C (Certification).

### SUPPLEMENTAL APPLICATION INFORMATION:

- D. **Expanded Effluent Testing Data.** A treatment works that discharges effluent to surface waters of the United States and meets one or more of the following criteria must complete Part D (Expanded Effluent Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to provide the information.
- E. **Toxicity Testing Data.** A treatment works that meets one or more of the following criteria must complete Part E (Toxicity Testing Data):
  - 1. Has a design flow rate greater than or equal to 1 mgd,
  - 2. Is required to have a pretreatment program (or has one in place), or
  - 3. Is otherwise required by the permitting authority to submit results of toxicity testing.
- F. **Industrial User Discharges and RCRA/CERCLA Wastes.** A treatment works that accepts process wastewater from any significant industrial users (SIUs) or receives RCRA or CERCLA wastes must complete Part F (Industrial User Discharges and RCRA/CERCLA Wastes). SIUs are defined as:
  - 1. All industrial users subject to Categorical Pretreatment Standards under 40 Code of Federal Regulations (CFR) 403.6 and 40 CFR Chapter I, Subchapter N (see instructions); and
  - 2. Any other industrial user that:
    - a. Discharges an average of 25,000 gallons per day or more of process wastewater to the treatment works (with certain exclusions); or
    - b. Contributes a process wastestream that makes up 5 percent or more of the average dry weather hydraulic or organic capacity of the treatment plant; or
    - c. Is designated as an SIU by the control authority.
- G. **Combined Sewer Systems.** A treatment works that has a combined sewer system must complete Part G (Combined Sewer Systems).

**ALL APPLICANTS MUST COMPLETE PART C (CERTIFICATION)**

## FACILITY NAME AND PERMIT NUMBER:

Clean Rapidan Water Company - VA0092339

Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

## PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

## A.1. Facility Information.

Facility name Clean Rapidan Water Company (Rapidan Mill Waste Water Treatment Plant)

Mailing Address 809 Bolling Avenue Unit C  
Charlottesville, VA 22902

Contact person Michael Craun PE (Old Dominion Engineering, 2036 Forest Drive, Waynesboro, VA 22980)

Title Consulting Engineer

Telephone number (540) 942-5600

Facility Address 7026 Rapidan Road  
(not P.O. Box) Orange, VA 22960

## A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Rapidan Mill LLC

Mailing Address 809 Bolling Avenue Unit C  
Charlottesville, VA 22902

Contact person Kevin O'Brien

Title Development Manager

Telephone number (434) 979-8900

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☒ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

## A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES N/A - No existing permits PSD \_\_\_\_\_

UIC \_\_\_\_\_ Other \_\_\_\_\_

RCRA \_\_\_\_\_ Other \_\_\_\_\_

## A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Rapidan Mill</u>	<u>300 (Variable)</u>	<u>Sanitary Sewer - Separate</u>	<u>Private</u>
_____	_____	_____	_____
_____	_____	_____	_____
Total population served <u>300 (Variable)</u>			

**A.5. Indian Country.**

- a. Is the treatment works located in Indian Country?

\_\_\_\_\_ Yes      ☒ No

- b. Does the treatment works discharge to a receiving water that is either in Indian Country or that is upstream from (and eventually flows through) Indian Country?

\_\_\_\_\_ Yes      ☒ No

**A.6. Flow.** Indicate the design flow rate of the treatment plant (i.e., the wastewater flow rate that the plant was built to handle). Also provide the average daily flow rate and maximum daily flow rate for each of the last three years. Each year's data must be based on a 12-month time period with the 12th month of "this year" occurring no more than three months prior to this application submittal.

- a. Design flow rate 0.02 mgd

	<u>Two Years Ago</u>	<u>Last Year</u>	<u>This Year</u>	
b. Annual average daily flow rate	<u>N/A - New Facility</u>	_____	_____	mgd
c. Maximum daily flow rate	<u>N/A - New Facility</u>	_____	_____	mgd

**A.7. Collection System.** Indicate the type(s) of collection system(s) used by the treatment plant. Check all that apply. Also estimate the percent contribution (by miles) of each.

☒ Separate sanitary sewer 100 %  
\_\_\_\_\_ Combined storm and sanitary sewer \_\_\_\_\_ %

**A.8. Discharges and Other Disposal Methods.**

- a. Does the treatment works discharge effluent to waters of the U.S.? ☒ Yes      \_\_\_\_\_ No

If yes, list how many of each of the following types of discharge points the treatment works uses:

i. Discharges of treated effluent	<u>1 discharge</u>
ii. Discharges of untreated or partially treated effluent	<u>0</u>
iii. Combined sewer overflow points	<u>0</u>
iv. Constructed emergency overflows (prior to the headworks)	<u>0</u>
v. Other _____	_____

- b. Does the treatment works discharge effluent to basins, ponds, or other surface impoundments that do not have outlets for discharge to waters of the U.S.? \_\_\_\_\_ Yes      ☒ No

If yes, provide the following for each surface impoundment:

Location: \_\_\_\_\_  
Annual average daily volume discharged to surface impoundment(s) \_\_\_\_\_ mgd  
Is discharge \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- c. Does the treatment works land-apply treated wastewater? \_\_\_\_\_ Yes      ☒ No

If yes, provide the following for each land application site:

Location: \_\_\_\_\_  
Number of acres: \_\_\_\_\_  
Annual average daily volume applied to site: \_\_\_\_\_ Mgd  
Is land application \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

- d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? ☒ Yes      \_\_\_\_\_ No

## FACILITY NAME AND PERMIT NUMBER:

Clean Rapidan Water Company - VA0092339

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

The facility will transport via tank truck the septic tank settled solids on a regular basis (estimated at once per year)

If transport is by a party other than the applicant, provide:

Transporter name: Brown and Son Septic Service

Mailing Address: 19292 Clearview Lane  
Culpeper, VA 22701

Contact person: Wayne or Derrick Brown

Title: Owners

Telephone number: (540) 827-4303

For each treatment works that receives this discharge, provide the following:

Name: Fauquier County Water and Sewer Authority, Remington WWTP

Mailing Address: 12523 Lucky Hill Road  
Remington, VA 22734

Contact person: Raymond Searls

Title: Wastewater Class 1 Operator

Telephone number: (540) 439-2225

If known, provide the NPDES permit number of the treatment works that receives this discharge.

VA0076805

Provide the average daily flow rate from the treatment works into the receiving facility.

Tank solids-low vol mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?



## FACILITY NAME AND PERMIT NUMBER:

Clean Rapidan Water Company - VA0092339

Form Approved 1/14/99  
OMB Number 2040-0086

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

The facility will transport via tank truck the grease tank solids on a regular basis (estimated once per year).

If transport is by a party other than the applicant, provide:

Transporter name: Valley Proteins, Inc.

Mailing Address: P.O. Box 3588, Winchester, VA 22604

Contact person: David Boggs

Title: National Accounts Manager - Traps

Telephone number: (540) 877-2590

For each treatment works that receives this discharge, provide the following:

Name: Valley Proteins, Inc.

Mailing Address: 1635 Indian Hollow Rd., Winchester, VA 22603

Contact person: David Boggs

Title: National Accounts Manager - Traps

Telephone number: (540) 877-2590

If known, provide the NPDES permit number of the treatment works that receives this discharge.

Provide the average daily flow rate from the treatment works into the receiving facility.

Grease (minimal) mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

☐ Yes

☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method:

Is disposal through this method ☐ continuous or ☐ intermittent?

**If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."**

- a. Outfall number      N/A - New Application
- b. Location      Rapidan (Outside Orange)      22733  
                                (City or town, if applicable)      (Zip Code)  
Orange County      Virginia  
                                (County)      (State)  
~ 38.3392      ~ 78.0476  
                                (Latitude)      (Longitude)
- c. Distance from shore (if applicable)      \_\_\_\_\_ N/A ft.
- d. Depth below surface (if applicable)      \_\_\_\_\_ N/A ft.
- e. Average daily flow rate      \_\_\_\_\_ 0.02 mgd
- f. Does this outfall have either an intermittent or a periodic discharge?      \_\_\_\_\_ Yes      ✓ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: \_\_\_\_\_
- Average duration of each discharge: \_\_\_\_\_
- Average flow per discharge: \_\_\_\_\_ mgd
- Months in which discharge occurs: \_\_\_\_\_
- g. Is outfall equipped with a diffuser?      Yes      ✓ No

- a. Name of receiving water Rapidan River
- b. Name of watershed (if known) Chesapeake Watershed
- United States Soil Conservation Service 14-digit watershed code (if known): \_\_\_\_\_
- c. Name of State Management/River Basin (if known): Rapidan River Basin upper tributary to Rappahannock River
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): 02080103
- d. Critical low flow of receiving stream (if applicable):  
acute 11 (1Q10) cfs chronic 16 (7Q10) cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): N/A mg/l of CaCO<sub>3</sub>

**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

☒ Primary ☒ Secondary  
☐ Advanced ☒ Other. Describe: Disinfection / Re-aeration

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 98 %  
Design SS removal 98 %  
Design P removal As req'd by DEQ %  
Design N removal As req'd by DEQ %  
Other \_\_\_\_\_ %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

UV disinfection

If disinfection is by chlorination, is dechlorination used for this outfall?

☐ Yes ☐ No

d. Does the treatment plant have post aeration?

☒ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: This is a new facility

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)		s.u.			
pH (Maximum)		s.u.			
Flow Rate					
Temperature (Winter)					
Temperature (Summer)					

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5						
FECAL COLIFORM							
TOTAL SUSPENDED SOLIDS (TSS)							

**END OF PART A.**

**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

**FACILITY NAME AND PERMIT NUMBER:**

Clean Rapidan Water Company - VA0092339

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

Indicate which parts of Form 2A you have completed and are submitting:



Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Kevin O'BrienSignature Telephone number (434) 979-8900Date signed 4/24/14

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

# VPDES Sewage Sludge Permit Application for Permit Reissuance

## Instructions

**WHO MUST SUBMIT THE APPLICATION** - All facilities with a current VPDES Permit that authorizes the discharge of treated sewage wastewater that are applying for reissuance must complete and submit this application.

Part 1 is general information to be provided by all facilities.

Part 2 must be completed by all facilities that generate Class A or Class B biosolids that are land applied.

Part 3 must be completed by all facilities that land apply Class B biosolids.

## Part 1 – Sludge Disposal Management (To be completed by all facilities)

**Facility Name:** Clean Rapidan Water Company

**VPDES Permit No:** VA0092339

### 1. Shipment Off Site for Treatment or Blending

Is sewage sludge from your facility sent to another facility that provides treatment or blending?

☒ Yes ☐ No

If you send sewage sludge to more than one facility, attach additional sheets as necessary.

Shipment off site is: ☒ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Receiving Facility Name Fauquier County Water and Sewer Authority, Remington WWTP

b. Receiving Facility VPDES Permit No. VA0076805

c. Include an acceptance letter from the Receiving Facility.

d. Receiving Facility's ultimate disposal method for sewage sludge \_\_\_\_\_

### 2. Disposal in a Municipal Solid Waste Landfill

Is sewage sludge from your facility placed in a municipal solid waste landfill?

☐ Yes ☒ No

If sewage sludge is placed on more than one municipal solid waste landfill, attach additional pages as necessary.

Landfilling is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Landfill Name \_\_\_\_\_

b. Landfill Permit No. \_\_\_\_\_

c. Include an acceptance letter from the landfill.

### 3. Incineration

Is sewage sludge from your facility fired in a sewage sludge incinerator?

☐ Yes ☒ No

Incineration is: ☐ The primary method of sludge disposal ☐ A back up method of sludge disposal

a. Do you own or operate all sewage sludge incinerators in which sewage sludge from your facility is fired?

☐ Yes ☐ No

If yes, provide the Air Registration No. \_\_\_\_\_

If no, complete items b - d for each incinerator that you do not own or operate.

b. Facility Name \_\_\_\_\_

c. Air Registration No. \_\_\_\_\_

d. Include an acceptance letter from the Incinerator.

### 4. Class A Biosolids

Do you produce Class A biosolids for land application or distribution and marketing? If yes, complete Part 2.

☐ Yes ☒ No

Are Class A biosolids from your facility land applied in bulk?

☐ Yes ☒ No

Do you sell or give away Class A biosolids in a bag or other container for application to the land? If yes, provide the

☐ Yes ☒ No

VDACS certification number? \_\_\_\_\_

### 5. Class B Biosolids

Do you produce Class B biosolids? If yes, complete Part 2.

☐ Yes ☒ No

Are Class B biosolids from your facility land applied under the authorization of this VPDES Permit? If yes, complete Part 3.

☐ Yes ☒ No

### 6. Land Application Under a Separate Permit

Are biosolids from your facility land applied under the authorization of a permit other than your VPDES Permit?

☐ Yes ☒ No

Biosolids are land applied under the authorization of a ☐ VPA permit ☐ Another VPDES Permit ☐ Out of State

Complete items a - c for each VPA permit authorized to land apply biosolids from your facility.

a. Permittee Name \_\_\_\_\_

b. Permit No. \_\_\_\_\_

c. Include copy of any information you provide to the Receiving VPDES or VPA Permittee to comply with the "notice and necessary information" requirement of 9VAC25-31-530 F.

# VPDES Sewage Sludge Permit Application for Permit Reissuance

## Part 2 – Biosolids Characterization (To be completed by all facilities that generate biosolids that are land applied.) N/A

1. Have there been changes to sludge treatment processes or storage facilities since the previous permit issuance/reissuance? ☐ Yes ☐ No
2. Do the biosolids generated under this permit that will be land applied meet one of the Class A pathogen requirements in 9VAC25-31-710 A 3 through A 8 or Class B pathogen requirements in 9VAC25-31-710 B 1 through B 4? ☐ Yes ☐ No  
Identify the pathogen reduction option utilized to demonstrate compliance with the pathogen reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
3. Do the biosolids generated under this permit that will be land applied meet one of the vector attraction reduction requirements in 9VAC25-31-720 B 1 through B 10? ☐ Yes ☐ No  
Identify the vector attraction reduction option utilized to demonstrate compliance with the vector attraction reductions requirements and provide the data that demonstrate compliance with the applicable alternative. \_\_\_\_\_
4. Do the biosolids to be land applied meet the ceiling/pollutant concentrations in 9VAC25-31-540 B? ☐ Yes ☐ No
5. Has data from the most recent 3 samples for pH (S.U.), Percent Solids (%), Ammonium Nitrogen (mg/kg), Nitrate Nitrogen (mg/kg), Total Kjeldahl Nitrogen (mg/kg), Total Phosphorus (mg/kg), Total Potassium (mg/kg), Alkalinity as CaCO<sub>3</sub> (mg/kg), Arsenic (mg/kg), Cadmium (mg/kg), Copper (mg/kg), Lead (mg/kg), Mercury (mg/kg), Nickel (mg/kg), Selenium (mg/kg), Zinc (mg/kg) been submitted to DEQ? The samples shall be no more than 4½ years old and each sampling date shall be at least 1 month apart. ☐ Yes ☐ No  
If no, provide the data with this application. \_\_\_\_\_

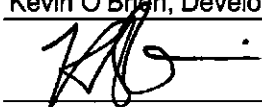
## Part 3 – Land Application of Class B Biosolids (To be completed by all facilities that land apply Class B biosolids.) N/A

1. Provide to DEQ and to each locality in which biosolids are to be land applied, written evidence of financial responsibility. Evidence of financial responsibility shall be provided in accordance with 9VAC25-31-100 P 9.
2. For each site, provide a properly completed landowner agreement for each landowner, using the most current Land Application Agreement - Biosolids Form (VPDES Sewage Sludge Permit Application Form – Attachment to Section C).
3. Are any new land application fields proposed at this reissuance? ☐ Yes ☐ No  
If yes, contact the DEQ Regional Office for additional submittal requirements.
4. For the currently permitted land application fields, are the previously submitted site booklets, maps and acreage accurate. ☐ Yes ☐ No  
If no, contact the DEQ Regional Office for additional submittal requirements.
5. Does the facility's Biosolids Management Plan on file with DEQ include the following minimum information? ☐ Yes ☐ No
  - a. An odor control plan that addresses the abatement of odors resulting from the storage and/or land application of biosolids.
  - b. A description of the transport vehicles to be used.
  - c. Procedures for biosolids offloading at the land application site including spill prevention, cleanup (including vehicle cleaning), field reclamation, and emergency notification and cleanup measures.
  - d. A description of the land application equipment including procedures for calibrating equipment to ensure uniform distribution and appropriate loading rates.
  - e. Procedures used to ensure that land application activities address notification requirements, signage requirements, slope restrictions, operation limitations during periods of inclement weather, soil pH requirements, buffer zone requirements, and site restrictions.
  - f. Any other information necessary to ensure compliance with the requirements of the Biosolids Program of the VPDES Permit Regulation (9VAC25-31-420 through 720).

### Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and Official Title Kevin O'Brien, Development Manager

Signature 

Telephone number / Email (434) 979-8900 /

Date signed 4/24/14

(Based on a review of this information, it may be necessary to submit additional information to meet other legal or technical review requirements.)

**VPDES PERMIT APPLICATION ADDENDUM (FOR VPDES PERMIT NO. VA0092339)**

1. **Entity to whom the permit is to be issued:** Clean Rapidan Water Company

Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. **Is this facility located within city or town boundaries?** Yes No **X**

3. **Please provide the tax map parcel number for the land where the discharge is located:** TMP 16-3

4. **What is the design average flow of this facility in million gallons per day (MGD)?** 0.02 MGD

5. **In addition to the design flow, should the permit be written with limits for any other discharge flow tiers?**  
Yes No **X**

If yes, please identify the other flow tiers in MGD: \_\_\_\_\_

Please consider such issues as if you plan to expand operations during the next five years or if your facility's design flow is considerably greater than your current flow?

6. **Nature of operations generating wastewater:** \_\_\_\_\_

0 % of flow from domestic connections/sources

100 % of flow from non-domestic connections/sources

7. **Mode of discharge:** X Continuous \_\_\_\_\_ Intermittent \_\_\_\_\_ Seasonal

Describe frequency and duration of intermittent and seasonal discharges: \_\_\_\_\_

8. **Identify the characteristics of the receiving stream at the point just above the facility's discharge point(s):**

Stream Characteristic	Outfall Number						
Never dry, permanent stream	X						
Usually flowing, sometimes dry, intermittent stream							
Wet-weather flow, often dry, ephemeral stream							
Usually or always dry, effluent-dependent stream							
Lake or pond at or below discharge point							
Other:							

9. **Approval date(s), if applicable:**

O & M Manual N/A Sludge/Solids Management Plan N/A

Have there been changes in your operation or procedures since the above approval dates? Yes No

10. Please provide a list of Materials stored at the facility. Please complete the table below or attach another page if more room is necessary. (To be determined after use and occupant of facility are known.)

Material Storage		
Materials Description	Volume Stored	Spill/Stormwater Prevention Measures

11. Please provide the name and email addresses for personnel who will be involved with the reissuance of the VPDES permit:

Name	Title	E-mail Address
Kevin O'Brien	Development Manager	sdfpc@comcast.net
Elisabeth Craun	Engineer	ebcraun@ntelos.net

12. The Department of Environmental Quality (DEQ) may deliver permits and certifications (this includes permit issuances, reissuances, modifications, revocation and reissuances, terminations and denials) to recipients, including applicants or permittees, by electronically certified mail where the recipients notify DEQ of their consent to receive mail electronically (§ 10.1-1183). Check *only one* of the following to consent to or decline receipt of electronic mail from DEQ as follows:

- ☒ Applicant or permittee agrees to receive by electronic mail the permit that may be issued for the proposed pollutant management activity, and to certify receipt of such electronic mail when requested by the DEQ.

If yes, provide email: sdfpc@comcast.net

- ☐ Applicant or permittee declines to receive by electronic mail the permit that may be issued for the proposed pollutant management activity.



**PUBLIC NOTICE BILLING INFORMATION**

I hereby authorize the Virginia Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Sally Dyer for Rapidan Mill LLC

Owner: Rapidan Mill LLC

Applicant's Address: 809 Bolling Ave, Unit C

Charlottesville, VA 22902

Agent's Telephone Number: 434-979-8900

Authorizing Agent:

Sally A Dyer  
Signature

VPDES Permit No. VA0092339  
Facility Name

Please return to:

Permit Writer  
VA-DEQ, NRO  
13901 Crown Court  
Woodbridge, VA 22193-1453  
Fax: (703)583-3821

**VIRGINIA POLLUTANT DISCHARGE ELIMINATION SYSTEM  
GENERAL PERMIT REGISTRATION STATEMENT  
FOR TOTAL NITROGEN AND TOTAL PHOSPHORUS DISCHARGES AND NUTRIENT TRADING  
IN THE CHESAPEAKE WATERSHED IN VIRGINIA**

**1. APPLICANT INFORMATION**

A. Name of Facility: Clean Rapidan Water Company

B. Facility Owner: Rapidan Mill, LLC

C. Owner's Mailing Address

a. Street or P.O. Box 809 Bolling Avenue, Unit C

b. City or Town Charlottesville c. State VA d. Zip Code 22902

e. Phone Number 434-979-8900 f. Fax Number \_\_\_\_\_

g. E-mail address kaob@comcast.net

D. Facility Location: 7026 Rapidan Rd., Orange, VA 22960  
Street No., Route No., or Other Identifier

Orange  
County

E. Is the operator of the facility also the owner? ☒ Yes ☐ No  
If No, complete F. & G.

F. Name of Operator: \_\_\_\_\_

G. Operator's Mailing Address

a. Street or P.O. Box \_\_\_\_\_

b. City or Town \_\_\_\_\_ c. State \_\_\_\_\_ d. Zip Code \_\_\_\_\_

e. Phone Number \_\_\_\_\_ f. Fax Number \_\_\_\_\_

g. E-mail address \_\_\_\_\_

**2. FACILITY INFORMATION**

Does this facility currently have a VPDES permit? ☒ Yes ☐ No

If no, has a permit been applied for? ☐ Yes ☐ No

If yes to either of the above questions, provide permit number. VA0092339

3. **AGGREGATED DISCHARGES**

If the owner or operator listed above desires to aggregate the facility's mass load limits for total nitrogen and total phosphorus with other permitted facilities under common ownership or operation in the same tributary, list all affected facilities and the VPDES permit numbers assigned to these facilities.

Facility Name

VPDES permit number


4. **TRANSFER OF ALLOCATION TO OR FROM ANOTHER FACILITY**

If the owner or operator listed above proposes the exchange of an allocation for total nitrogen or total phosphorus with other permitted facilities, list all affected facilities, the VPDES permit numbers assigned to these facilities, the delivered pounds of total nitrogen or total phosphorus proposed for exchange and the calendar years for which the exchange will be in effect.

Facility

VPDES#

N/P

Delivered pounds

Acquired/transferred?

Calendar years?


Attach a copy of the applicable contract documentation related to the execution of these allocations.


5. **REQUIRED ATTACHMENT FOR NEW AND EXPANDED FACILITIES**

Plan to offset new or increased delivered total nitrogen and delivered total phosphorus loads for a minimum of 5 years.

6. **CERTIFICATION:**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Signature



Date:

4/24/14

Name of person(s) signing above:

Kevin O'Brien

(printed or typed)

Title(s): Development Manager

**For Department Use Only:**

Accepted/Not Accepted by: \_\_\_\_\_

Date: \_\_\_\_\_

## 5. Required Attachment for New and Expanded Facilities

Rapidan Mill is a historic mill that has been abandoned and is in disrepair. The future of the development involves rehabilitation of the facility so it could be used in concurrence with the current Orange County zoning. These uses may include automobile (sales, repair, storage), building material sales (plumbing, electrical, lumberyard, equipment/machinery), light manufacturing not involving flammable, explosive, or chemicals (no Significant Industrial Users), utility, fire or rescue station, warehouse, or wholesale business. The building has approximately 29,250 useable square feet. The exact mix and nature of the tenants will not be determined until the various tenants lease out the building. This is not anticipated to occur within the next (5) years.

Rapidan Mill will own and operate its own wastewater treatment facility, Clean Rapidan Water Company. The maximum discharge permitted amount is 20,000 gpd (0.02MGD). The treatment train is expected to consist of grease traps, primary settling, aerated flow equalization, biological nutrient removal technology such as a modified Bardenpho process and UV disinfection. Effluent levels of TN and TP are expected to be within the biological nutrient removal technology limits. Specifically, a TN= 8mg/L and TP = 1 mg/L. For the permitted 0.02 MGD, this translates to 487 pounds per year TN and 61 pounds per year of TP.

There are currently no plans to construct the new Clean Rapidan Water Company facility within the next five years. No offset of any new or increased delivery of total nitrogen and/or total phosphorous are anticipated for the next five years. Should any interested party come forward for the use of the facility, options for procuring total nitrogen and total phosphorous credits from all available sources will be pursued. Prior to commencing any discharge, (5) years' worth of wasteload allocation/credits will be obtained and registered under the watershed general permit.

**PUBLIC NOTICE BILLING INFORMATION**

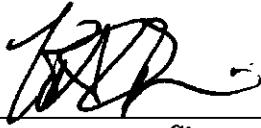
I hereby authorize the Department of Environmental Quality to have the cost of publishing a public notice billed to the Agent/Department shown below. The public notice will be published once a week for two consecutive weeks in accordance with 9VAC25-31-290.C.2.

Agent/Department to be billed: Mr. Kevin O'Brien  
Development Manager

Owner: Rapidan Mill, LLC

Applicant's Address: 599 Dice Street, Unit A  
Charlottesville, VA 22903

Agent's Telephone Number: (434) 979-8900

Authorizing Agent:  7-8-13  
*Signature*

VPDES Permit No.: VA0092339  
Facility Name: Rapidan Mill WWTP

Please return to:

**Susan Mackert**  
VA-DEQ, NRO  
13901 Crown Court  
Woodbridge, VA 22193-1453  
Fax: (703) 583-3821

